Docket No.: 106659

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

plural inventors are	: named below) o	f the subject n	natter which is	s claimed and	for which	ch a patent is sought	on the inv	d, first and joint inventor (if ention entitled:
			RED BOL	DY AND	METI	OD FOR PRO	ODUCI	NG THE SAME
described and clain	ned in the specific	ation:						
Check one	S attached horse	_						
*a. [] b. [	X attached herete	<b>)</b> .	on Ampliantia	an Ma				<i>a.</i>
D. L.	] [[[ed: Oil		as Application	on No		and amended or	n	_ (if applicable).
amended by any an I acknow Code of Federal Re Under T	mendment referred wledge the duty to egulations, §1.56. Title 35, U.S. Co	to above. o disclose to a ode §119, the	the Office all priority ben	information efits of the	known to	o me to be material	to patental	on, including the claims, as bility as defined in Title 37, r United States provisional
application(s) filed	by me or my legarent Application N	al representat	ives or assigr	ns within one	e year pri	or to this application	are hereby	/ claimed:
Japanese Pat	en Application is	10. 11-193700	unen ou anià	9, 19 <del>99</del>				
The follo	a) more than one	year prior to t	or inventor's his application	certificate or n, or (b) befo	n this invore the fil	ention were filed in ing date of the above	countries fe-named fo	foreign to the United States oreign priority application(s)
and to transact all b	appoint the follow business in the Pat	ving as my att ent Office:	torneys of rec	ord with full	power o	of substitution and re	evocation to	o prosecute this application
I hereby throwledge are true with the knowledge	Mario A. Co ONDENCE IN ( 9928, ALEXANI declare that I have and that all states that willful false	k M. Hudson ward P. Wall estantino, Rep CONNECTION DRIA, VIRG e reviewed an ments made of statements ar	n, Reg. No. 2' ker, Reg. No. g. No. 33,565  ON WITH TIMIA 22320, d understand in information ad the like so	7,562; Thom 31,450; Roi 5; and Step THIS APPL TELEPHO the contents and belief ar made are pu	nas J. Pa bert A. N hen J. I ICATIO DNE (703 of this D re believe unishable	eclaration, and that to be true; and fur by fine or imprison	,411; ,771; 1 No. 34,4 SENT TO all stateme rther that ti	oction or any patent issued
ypewritten Full Name f First or Sole Inventor		Fumio						Odaka
		G	iven Name			Middle Initial		Family Name
*Inventor's Signature	Funite						Odalza	
*Date of Signature:	_		une			15		2000
Residence:	Niiza-		Month Shi		Sa	Day itama-ken		Year Japan
Citizenship:	Japanese				Sta	ate or Province		Country
Post Office (Insert comp		6-7-10, Kur			ihara, Niiza-shi, Saitama			tama-ken,
*If Dow (a ) in ab	mailing address including count	ry)	apan	and de d				
II DOX (a.) IS CHEC	kou, mus form ma	y or executed	only when at	tached to the	e specific	ation (including clai	ums).	

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE &

10/96

1 Typewritten Full Na		Kazuhiro			
of Second Joint Inve	ntor (if any)			Ushita ————	
2 **Inventor's Signatur	e:	Given Name KAZUHIRO	Middle Initial	Family Name USHITA	
3 **Date of Signature:		June	15	2000	
		Month	Day	Year	
Residence:	Kodaira	-shi	Tokyo	Japan	
Citizenship:	City Japanese		State or Province	Country	
	Post Office Address: (Insert complete mailing address,	3-5-5, Ogawah	igashi-cho, Koda	aira-shi,	
	including country)	Tokyo, Japan			
1 Typewritten Full Nar of Third Joint Invent		Yoshitomo		Takahashi	
2 **Inventor's Signature	e:	Given Name YOSHITUMO	Middle Initial	Family Name TAKAHASHI	
**Date of Signature:	June		15	2000	
	Month		Day	Year	
Residence:	Fujisa	wa-shi	Kanagawa	Japan	
U Citizenship: H H V	City		State or Province	Country	
- CKEOLDIND.	Japanese Post Office Address:				
	(Insert complete	1873-2, Eng	yo, Fujisawa-shi	i, Kanagawa,	
	mailing address, including country)	Japan			
Typewritten Full Nan of Fourth Joint Inven	ne vor (if any)				
	-	Given Name	Middle Initial	Foreily NI	
Inventor's Signature	: 		Whole filler	Family Name	
Date of Signature:					
	-	Month	Day	Year	
Residence:					
Citizenship:	City		State or Province	Country	
	Post Office Address: (Insert complete				
	mailing address, including country)				
Typewritten Full Nam	se .				
of Fifth Joint Inventor	r (if any)				
**Inventor's Signature:	<u></u>	Given Name	Middle Initial	Family Name	
**Date of Signature:					
Residence:		Month	Day	Year	
	City		State or Province		
Citizenship:	a Address	<del></del>			
Post Office	e Address: (Insert complete				
	mailing address,				
	including country)				

ventors: Please sign name exactly as it appears and insert the actual date of signing.

y be executed only when attached to the first page of the Declaration and Power of Attorney form of the which it pertains.